

## STATE OF NEW HAMPSHIRE NEW HAMPSHIRE BOARD OF NURSING

78 Regional Drive, Bldg B

PO Box 3898

Concord NH 03302-3898

Webpage: <http://www.state.nh.us/nursing>

TDD Access: Relay NH 1-800-735-2964

**Nursing** 603-271-2323

**Nurse Asst.** 603-271-6282

Dear Colleague:

Thank you for your interest in advanced nursing practice in New Hampshire. To be eligible for advanced registered nurse practitioner (ARNP) licensure, you must have an active NH registered nurse license. After the Board receives your ARNP application, it will be reviewed by staff for completion. If the application is not complete, it may be returned. Additional information may also be requested.

Your application will be reviewed when all documentation supporting your application has been received. Applications determined to meet the criteria for Advanced Practice described in Nur 304 of the Administrative Rules are forwarded for licensing.

Applications of question are forwarded to the Liaison Committee of the Board for review and recommendation. The Liaison Committee is comprised of ARNPs who review your credentials for compliance with the law and rules. The Liaison Committee meets monthly, usually on the fourth Thursday, to review applications and make recommendations to the Board. In order to have your application reviewed by the Committee, your application must be complete and all requested information must be received at the Board office ten days before the meeting. Following the Committee's review, you may be asked for additional information. Applications determined to meet the criteria are forwarded for licensing. This process may take 4 - 8 weeks, depending when the application is filed.

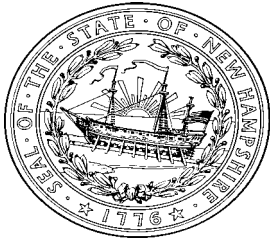
Until you receive notification of licensure, your practice in the state must be limited to registered nurse practice. When you are licensed, you will receive information pertinent to prescriptive authority (DEA number), a copy of the formulary, and the citation noting third party reimbursement.

Again, thank you for your interest in advanced nursing practice in New Hampshire. The Board wishes you success in your professional career.

For the Board

Margaret J. Walker, MBA, BS, RN  
Executive Director

**APPLICATIONS NOT COMPLETED WILL BE PURGED 180 DAYS FROM FILING DATE**



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**NEW HAMPSHIRE BOARD OF NURSING**  
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**For Office Use Only:**

FEE: \$ \_\_\_\_\_

REC'D: \_\_\_\_\_

CK/MO: \_\_\_\_\_

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
TL.#. Issued Expire

Reg.# \_\_\_\_\_

Issue Date: \_\_\_\_\_

**Nursing** 603-271-2323

**Nurse Asst.** 603-271-6282

**APPLICATION FOR LICENSE AS AN  
ADVANCED REGISTERED NURSE PRACTITIONER IN NEW HAMPSHIRE**

**Each requested category requires separate application with complete documentation and fee.**

Please respond to all of the following:

A. Name: \_\_\_\_\_ Telephone ( ) \_\_\_\_\_  
(Last) (First) (Middle) (Maiden/Other Names) (Day Number)

Address: \_\_\_\_\_ Birth Date: \_\_\_\_/\_\_\_\_/\_\_\_\_\_  
(Street) (City) (State) (Zip) (Month) (Day) (Year)

Current Employer's Name: \_\_\_\_\_ Telephone ( ) \_\_\_\_\_

Current Employer's Address: \_\_\_\_\_  
(Street) (City) (State) (Zip)

If unemployed, so state.: \_\_\_\_\_

\*Current New Hampshire R.N. License Number: \_\_\_\_\_ Expiration Date: \_\_\_\_/\_\_\_\_/\_\_\_\_\_  
(\*If pending, so state) (Month) (Day) (Year)

B. My educational program prepared me to seek licensure as a practitioner in the following category:

- |  |                                 |
|--|---------------------------------|
| _____ Acute Care                             | _____ Nurse Midwife             |
| _____ Adult                                  | _____ Oncology                  |
| _____ Certified Registered Nurse Anesthetist | _____ Pediatric                 |
| _____ Community Health                       | _____ Psychiatric-Mental Health |
| _____ Emergency/Trauma                       | _____ Reproductive Health       |
| _____ Family                                 | _____ School Nurse              |
| _____ Geriatric                              | _____ Women's Health            |
| _____ Neo-Natal                              |                                 |

C. Advanced Nursing Educational Program:

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
(Street) (City) (State) (Zip)

I successfully completed an approved advanced nursing educational program. This includes over 225 hours of theoretical nursing content, 480 hours of clinical nursing practice, including a precepted experience and pharmacological interventions. I am currently competent to practice in the advanced nursing role as noted in Nur 304.02.

Entrance Date: \_\_\_\_/\_\_\_\_/\_\_\_\_\_  
(Month) (Day) (Year)

Graduation Date: \_\_\_\_/\_\_\_\_/\_\_\_\_\_  
(Month) (Day) (Year)

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**APPLICATION FOR LICENSE AS AN  
ADVANCED REGISTERED NURSE PRACTITIONER IN NEW HAMPSHIRE**

D. Have you ever:

- (a) had any disciplinary action against a nursing or nursing assistance license such as denied, reprimanded, suspended, revoked or probated, or surrendered, educational or practice stipulations, or fines, or a current pending investigation regarding your nursing/nursing assistance practice? Yes ( ) No ( )
- (b) been impaired by or diverted any chemical substance? Yes ( ) No ( )
- (c) had a mental or physical problem that rendered you incompetent to practice nursing? Yes ( ) No ( )
- (d) been convicted of a felony or any criminal act, not including traffic offenses? Yes ( ) No ( )

**If yes to (a), (b), (c), or (d), please attach a letter of explanation.**

E. Please include my name and address on a New Hampshire computerized list of nurses that may be made available for purchase. Yes ( ) No ( )

F. Requirements for **newly graduated advanced registered nurse practitioners** applying for licensure in New Hampshire:

- \* \_\_\_\_\_ Provide an **official transcript** of your nurse practitioner educational program. If a formal pharmacology course is not reflected on the transcript, documentation from the director of the program verifying the integration of pharmacological interventions is required.
- \* \_\_\_\_\_ Provide a copy of your **current** national certification in the requested licensing category.
- \* \_\_\_\_\_ Submit application fee of \$100.00. Please make check or money order payable to: "Treasurer, State of New Hampshire."

**NOTE: A separate application, fee and documentation must be submitted if applying for more than one category.**

G. Requirements for advanced registered nurse practitioners who were **graduated from an advanced nurse practitioner program two or more years prior to date of application**:

- \* \_\_\_\_\_ Provide an **official transcript** of your nurse practitioner educational program. If a formal pharmacology course is not reflected on the transcript, documentation from the director of the program verifying the integration of pharmacological interventions is required.
- \* \_\_\_\_\_ Provide a copy of your **current** national certification.
- \* \_\_\_\_\_ I am competent to provide activities noted in Nur 304.05 and those activities are specific to my category. Yes ( ) No ( )

Date of last practice in advanced nursing. \_\_\_\_/\_\_\_\_/\_\_\_\_  
(Month) (Day) (Year)

- \* \_\_\_\_\_ Document 30 educational contact hours as defined in Nur 304.02 (b) (4) pertinent to the requested category within two years immediately prior to date of application.
- \* \_\_\_\_\_ Application fee of \$100.00. Please make check or money order payable to:  
"Treasurer, State of New Hampshire."

**Note: A separate application, fee and documentation must be submitted if applying for more than one category.**

H. Please be sure that you have responded to all of the required items. If the application and documentation are not complete, the application will be returned.

**FEES ARE NOT REFUNDABLE.**

**UNDER PENALTY OF PERJURY, I state the information provided is accurate to the best of my knowledge and belief. I understand knowingly providing false information may be grounds for denial, probation, reprimand, suspension, revocation of a license (RSA 326-B:12) and may be grounds for conviction of a misdemeanor (RSA 641:3).**

\_\_\_\_\_  
(Signature)

\_\_\_\_/\_\_\_\_/\_\_\_\_  
(Month) (Day) (Year)

**REMINDER:** A.R.N.P. renewal occurs simultaneously with your birth date and registered nurse renewal regardless of the date A.R.N.P. licensure was granted.

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**WANT MORE  
INFORMATION?**

- ♦ Contact the Division of State Police at (603) 271-2538 or visit the web site at [www.state.nh.us/nhsp/](http://www.state.nh.us/nhsp/)
- ♦ Contact the Board of Nursing at (603) 271-2323, (603) 271-6282, or visit the web site at [www.state.nh.us/nursing/](http://www.state.nh.us/nursing/)



***IMPORTANT!***

**Don't risk a delay in getting  
your license issued or  
renewed!**

**Start the process early!**

**Your license will not be  
issued or renewed until your  
current Criminal  
Convictions Record has been  
received and reviewed by the  
Board of Nursing!**

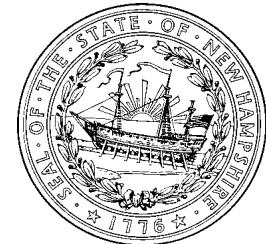
**You may not work without  
an active license!**

***THERE ARE NO  
EXCEPTIONS!***

***IT'S THE LAW!***

**Mandatory Criminal  
Background Checks for  
Nurses and Nursing  
Assistants**

**An Informational Brochure**



**New Hampshire  
Board of Nursing**

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New Hampshire Department of Safety  
**DIVISION OF STATE POLICE**  
Central Repository for Criminal Records  
33 Hazen Drive, Concord, NH 03305

## CRIMINAL RECORD RELEASE AUTHORIZATION FORM

### SECTION I

PLEASE TYPE OR PRINT CLEARLY, ALL INFORMATION IN THIS SECTION **MUST BE COMPLETED**

NAME \_\_\_\_\_  
LAST (MAIDEN / ALIAS) FIRST MI

ADDRESS \_\_\_\_\_  
STREET CITY STATE ZIP CODE

DATE OF BIRTH \_\_\_\_\_ HAIR COLOR \_\_\_\_\_ EYE COLOR \_\_\_\_\_ SEX \_\_\_\_\_

DRIVER LICENSE NUMBER \_\_\_\_\_ STATE \_\_\_\_\_

My below signature certifies that I am the individual listed above and that the information provided is true.

YOUR SIGNATURE: \_\_\_\_\_ DATE \_\_\_\_\_  
Signed under penalty of unsworn falsification pursuant to RSA 641:3.

### SECTION II

IF RECORD IS TO BE MAILED TO YOU, OR RECEIVED BY SOMEONE OTHER THAN YOURSELF,  
**ALL OF SECTION II MUST BE COMPLETED**

I hereby authorize the release of my criminal record conviction(s), if any, to the following individual:

#### **New Hampshire Board of Nursing**

NAME OF PERSON / FIRM TO RECEIVE RECORD \_\_\_\_\_

ADDRESS 78 Regional Dr. Bldg B, Concord NH 03301  
STREET CITY STATE ZIP CODE

YOUR SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

NOTARY'S SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
(Affix Seal) (Comm. Exp.)

\_\_\_\_\_  
SIGNATURE OF PERSON / FIRM TO RECEIVE RECORD DATE \_\_\_\_\_

**NOTE: A \$10.00 fee is required for each request - make checks payable to: State of NH – Criminal Records**



### ***CRIMINAL BACKGROUND CHECKS: IT'S THE LAW!***

The next time you renew your license to practice as a RN, LPN, or LNA, the process will be slightly different. In July 2003, the State of New Hampshire enacted a law requiring that all licensees who apply to the Board of Nursing for a license must send in a Criminal Convictions Report from the Division of Police. This is how the process will work:

1. You will receive a Criminal Record Release Authorization Form along with your license renewal or reinstatement application.
2. Complete the information requested on the Criminal Record Release Authorization Form and have the form notarized by a Notary Public. **DO NOT SIGN THE FORM UNTIL YOU ARE MEETING WITH THE NOTARY PUBLIC.**
3. Send the completed, notarized Criminal Record Release Authorization Form along with a check or money order for \$10.00 to the NH Division of State Police at 10 Hazen Drive, Concord, NH 03305.
4. The Division of State Police will send your Criminal Convictions Report directly to the Board of Nursing. Your report must be dated no more than 45 days before your license is issued.
5. Send your application for license renewal or reinstatement along with the correct license fee to the Board of Nursing.
6. Your license will not be issued until the Board of Nursing has received and reviewed your Criminal Convictions Report sent to us by the State Police. ***PLAN AHEAD!***

#### ***REMEMBER!***

- ◆ This law applies to all applicants for *all types of licenses, including temporary, initial, renewal and reinstatement licenses.*
- ◆ This law applies to *RNs, LPNs, and LNAs.*
- ◆ Your license cannot be processed until the Board of Nursing has received and reviewed your Criminal Convictions Report. The Board of Nursing will only review Criminal Record Checks that are dated within 45 days of licensure. The report will be retained in the Board of Nursing office for 45 days following the date it was issued by the Division of State Police.
- ◆ Don't delay the process of renewing your license. The Board of Nursing cannot process your application without your Criminal Convictions Report. You cannot work as an ARNP, RN, LPN, or LNA without an active, valid license.
- ◆ **THERE ARE NO EXCEPTIONS! IT'S THE LAW!**

#### ***QUESTIONS?***

How can I get my release form notarized?

- ◆ Notary publics are available in many banks and offices. There may be a notary public who works in your place of employment. There will be a notary public available in the Board office. **DO NOT** sign the form until you are meeting with the notary public.

**Can I bring the Criminal Record Release Authorization Form directly to the Division of State Police?**

- ◆ You may hand carry your Criminal Record Release Authorization directly to the Division of State Police. However, the Criminal Convictions Report must be sent directly from the Division of Police to the Board of Nursing office.

**How many weeks before I renew my license can I start this process?**

- ◆ Your Criminal Convictions Report will be retained in the Board of Nursing for 45 days from the date it is issued by the Division of State Police. Your report must be dated no more than 45 days before the date of your license renewal.

**How long will this process take?**

- ◆ The State Police office will process these requests as quickly as possible. However, plan ahead! Your license will not be issued until your Criminal Convictions Report has been reviewed.

**If I already have a Criminal Convictions Report that I obtained for another purpose, can I use that report instead of applying for a new one?**

- ◆ No, the Board of Nursing will only review reports that have been generated by the Division of State Police and sent to the Board of Nursing within the past 45 days. The report must be sent to the Board of Nursing office directly by the Division of State Police.

## **CRIMINAL BACKGROUND**

### **CHECKS**

### **IT'S THE LAW!**

Senate Bill 94 requires that every applicant for a license to practice as a RN, LPN, or LNA in the state of New Hampshire must submit to the Board of Nursing a current criminal conviction record check.

Beginning January 1, 2004, every new applicant and every renewal or reinstatement applicant for licensure by the Board of Nursing must send a notarized criminal conviction record release authorization form to the Division of State Police. These forms will be sent with all renewals, or are available at the Board of Nursing office, or on the web site, [www.state.nh.us/nursing](http://www.state.nh.us/nursing). The Division of State Police will send the Criminal Convictions Report to the Board of Nursing. The Board of Nursing must review the Criminal Convictions Record prior to issuing a license.

### **YOU MUST**

- ◆ Have the Criminal Record Release Authorization Form notarized
- ◆ Mail the Criminal Record Release Authorization Form along with a check for \$10.00 payable to NHSP-CRIMINAL RECORDS to the Division of State Police, 10 Hazen Drive, Concord, NH 03305
- ◆ Mail your license application and appropriate fee to the New Hampshire Board of Nursing

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- ◆ Don't delay the process of renewing your license. The Board of Nursing cannot process your application without your Criminal Convictions Report. You cannot work as an ARNP, RN, LPN, or LNA without an active, valid license.

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